UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,834	10/15/2003	Charles S. Fox JR.	CRNC.110144	9865

46169 7590 07/22/2008

SHOOK, HARDY & BACON L.L.P.
Intellectual Property Department
2555 GRAND BOULEVARD
KANSAS CITY, MO 64108-2613

EXAMINER	
RANGREJ, SHEETAL	
ART UNIT	PAPER NUMBER
3626	

MAIL DATE	DELIVERY MODE
07/22/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/684,834	FOX ET AL.	
	Examiner	Art Unit	
	SHEETAL R. RANGREJ	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *11 April 2008*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-7 and 9-25* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-7 and 9-25* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

Prosecution History Summary

1. Claims 1, 3-4, 6, 17, 20, 21, and 25 are amended.

2. Claim 8 is cancelled.

3. Claims 1-7 and 9-25 are pending.

DETAILED ACTION

Drawings

4. The amendments to the specification were received on 04/11/2008; therefore, the objections to the drawings are withdrawn.

Claim Rejections - 35 USC § 112

5. The amendments to the claims were received on 04/11/2008; therefore, the previous 35 USC § 112 rejections are withdrawn.

6. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

7. Claim 6 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

8. Claim 6 recites the limitation "recognized by the machine-readable identifier." Examiner is unable to determine if the machine-readable identifier refers to the patient identifier or the medication identifier. For examination purposes, the examiner interprets the machine-readable identifier to be of the patient's identifier.

Claim Rejections - 35 USC § 103

9. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

10. Claims 1-7 and 9-25 are rejected under 35 U.S.C. 103(a) as being unpatentable over White et al. (U.S. Patent No. 6,519,569) in view of Coffman et al. (U.S. Publication No. 2001/0044731).

11. As per claim 1, White teaches a system for managing patient care, the system comprising: -a portable information device having a identifier recognition mechanism **(White: col. 5, 47-56)**; -a patient machine readable identifier **(White: col. 5, 60-65)**.

White, however, fails to expressly teach a central information system including patient records comprising treatment history and orders by a caregiver for treatment of an identified patient; and -a patient task list determined from the orders for the identified patient, wherein the task list becomes automatically available upon recognition of the patient machine readable identifier by the portable information device.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches -a central information system including patient records comprising treatment history and orders by a caregiver for treatment of an identified patient **(Coffman: para. 32-33)**; and -a patient task list determined from the orders for the identified patient **(Coffman: para. 38)**, wherein the task list becomes automatically available upon

recognition of the patient machine readable identifier by the portable information device **(Coffman: para. 59-60)**.

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the teachings of White and Coffman with the motivation of having a care management system that combines all the medication order and administration services of a healthcare facility into an integrated, automated system **(Coffman: para. 4)**.

12. As per claim 2, the system of claim 1 is as described. White further teaches further comprising a caregiver machine readable identifier attached to a caregiver badge **(White: col. 6, 2-4)**.

13. As per claim 3, the system of claim 1 is as described. White fails to expressly teach wherein the portable information device includes wireless communication tools for verifying patient data with the central information system.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches wherein the portable information device includes wireless communication tools for verifying patient data with the central information system **(Coffman: para. 30; para. 60)**.

The motivation to combine the teachings is the same as claim 1.

14. As per claim 4, the system of claim 1 is as described. White fails to expressly teach the central information system further including caregiver data, wherein the portable information device includes wireless communication tools for verifying caregiver data with the central information system.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches the central information system further including caregiver data, wherein the portable information device includes wireless communication tools for verifying caregiver data with the central information system **(Coffman: para. 59-60)**.

The motivation to combine the teachings is the same as claim 1.

15. As per claim 5, the system of claim 1 is as described. White further teaches wherein the patient task list comprises instructions for administration of at least one medication **(White: col. 9, 3-6; claim 1(e))**.

16. As per claim 6, White teaches a computer-implemented method for managing patient care comprising:

-recognizing a patient machine-readable identifier **(White: col. 6, 5-9)**;

-recognizing a medication machine-readable identifier **(White: col. 8, 25-45)**; and

-displaying a warning if the medication identified by the machine-readable identifier does not match with a medication **(White: col. 8, 46 to col. 9, 14)**.

White fails to expressly teach -accessing a task list for the patient recognized by the machine-readable identifier from a central information system, the task list being determined from the orders entered by a caregiver for treatment of the identified patient and determining if the medication identified by the medication machine-readable identifier matches with the medication from the task list.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches -accessing a task list for the patient recognized by the machine-readable identifier from a central information system, the task list being determined from the

orders entered by a caregiver for treatment of the identified patient **(Coffman: para. 59-62)** and determining if the medication identified by the medication machine-readable identifier matches with the medication from the task list **(Coffman: para. 66-67)**.

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the teachings of White and Coffman with the motivation of having a care management system that combines all the medication order and administration services of a healthcare facility into an integrated, automated system **(Coffman: para. 4)**.

17. As per claim 7, the method of claim 6 is as described. White further teaches further comprising providing a task list including at least one medication administration task **(White: col. 6, 14-18)**.

18. As per claim 9, the method of claim 8 is as described. White further teaches further comprising recording administration of the medication **(White: col. 7, 32-50)**.

19. As per claim 10, the method of claim 6 is as described. White further teaches further comprising recognizing a caregiver identifier **(White: col. 6, 2-5)**.

20. As per claim 11, the method of claim 6 is as described. White further teaches further comprising implementing a portable information device with an embedded scanner for scanning the patient machine readable identifier **(White: col. 5, 47-50)**.

21. As per claim 12, the method of claim 11 is as described. White fails to expressly teach further comprising transmitting the patient identifier from the portable information device to a central information system.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches further comprising transmitting the patient identifier from the portable information device to a central information system **(Coffman: para. 51)**.

The motivation to combine the teachings is the same as claim 6.

22. As per claim 13, the method of claim 12 is as described. White fails to expressly teach further comprising verifying patient identity through information available in the central information system.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches further comprising verifying patient identity through information available in the central information system **(Coffman: para. 60)**.

The motivation to combine the teachings is the same as claim 6.

23. As per claim 14, the method of claim 13 is as described. White fails to expressly teach further comprising receiving current patient related tasks from the central information system at the portable information device.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches further comprising receiving current patient related tasks from the central information system at the portable information device **(Coffman: para. 59-60)**.

The motivation to combine the teachings is the same as claim 6.

24. As per claim 15, the method of claim 13 is as described. White fails to expressly teach further comprising using the portable information device to obtain a caregiver identifier, transmitting the caregiver identifier from the portable information device to the central

information system, and receiving verification of the caregiver identity from the central information system at the portable information device.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches further comprising using the portable information device to obtain a caregiver identifier, transmitting the caregiver identifier from the portable information device to the central information system, and receiving verification of the caregiver identity from the central information system at the portable information device **(Coffman: para. 59-62)**.

The motivation to combine the teachings is the same as claim 6.

25. As per claim 16, the method of claim 15 is as described. White further teaches wherein obtaining the caregiver identifier comprises scanning a machine-readable identifier using an embedded reader in the portable information device **(White: col. 5, 65 to col. 6, 5)**.

26. As per claim 17, White teaches a task-based system for managing patient care, the system comprising:

-a patient identifier for identifying a patient **(White: col. 6, 5-9)**; and

-a portable information device having tools for reading the patient identifier **(White: abstract)**.

White fails to expressly teach a central information system having a database including patient data records comprising a patient task list determined from orders for an identified patient, wherein the patient task list maybe updated in real-time based on one or more changes to the orders for the identified patient by a caregiver; and a portable information device having tools for accessing the central information system to obtain an updated patient task list for the identified patient data.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches a central information system having a database including patient data records comprising a patient task list determined from orders for an identified patient, wherein the patient task list maybe updated in real-time based on one or more changes to the orders for the identified patient by a caregiver **(Coffman: para. 32-33)**; and a portable information device having tools for accessing the central information system to obtain an updated patient task list for the identified patient data **(Coffman: para. 33)**.

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the teachings of White and Coffman with the motivation of having a care management system that combines all the medication order and administration services of a healthcare facility into an integrated, automated system **(Coffman: para. 4)**.

27. As per claim 18, the system of claim 17 is as described. White further teaches further comprising a caregiver machine-readable identifier attached to a caregiver badge **(White: col. 6, 2-4)**.

28. Claim 19 recite substantially similar limitations as those already addressed in claim 3, and, as such, are rejected for similar reasons as given above.

29. As per claim 20, White teaches a computer-implemented method for recording tasks performed by a caregiver, the method comprising:

-receiving a caregiver identifier and a patient identifier using from portable information device **(White: col. 6, 2-22)**.

White fails to expressly teach generating a task list for the identified caregiver and the identified patient from patient records, the patient records comprising treatment history and

orders entered by a caregiver for treatment of an identified patient; and receiving results of one or more tasks from the task list performed for the identified patient; and

-individual recording performance of one or more tasks from the task list.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches generating a task list for the identified caregiver and the identified patient from patient records, the patient records comprising treatment history and orders entered by a caregiver for treatment of an identified patient **(Coffman: para. 59-62)**; receiving results of one or more tasks from the task list performed for the identified patient **(Coffman: para. 75)**; and individual recording performance of one or more tasks from the task list generating a task list for the identified caregiver and the identified patient from patient records, the patient records comprising treatment history and orders entered by a caregiver for treatment of an identified patient **(White: col. 8, 12-24)**; and receiving results of one or more tasks from the task list performed for the identified patient; and individual recording performance of one or more tasks from the task list **(Coffman: para. 81)**.

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the teachings of White and Coffman with the motivation of having a care management system that combines all the medication order and administration services of a healthcare facility into an integrated, automated system **(Coffman: para. 4)**.

30. As per claim 21, the method of claim 20 is as described. White further teaches further comprising receiving from a portable information device with a scanner the caregiver identifier and the patient identifier **(White: col. 5, 47-56)**.

31. As per claim 22, the method of claim 20 is as described. White fails to expressly teach further comprising receiving the caregiver identifier and the patient identifier from the portable information device at the central information system.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches further comprising receiving the caregiver identifier and the patient identifier from the portable information device at the central information system **(Coffman: para. 59-60)**.

The motivation to combine the teachings is the same as claim 20.

32. As per claim 23, the method claim 22 is as described. White fails to expressly teach further comprising verifying patient identity through information available in the central information system.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches further comprising verifying patient identity through information available in the central information system **(Coffman: para. 60)**.

The motivation to combine the teachings is the same as claim 20.

33. As per claim 24, the method of claim 20 is as described. White fails to expressly teach further comprising dynamically generating the task list at the central information system and sending the task list to the portable information device.

Nevertheless, these features are old and well known in the art as evidenced by Coffman. In particular, Coffman teaches further comprising dynamically generating the task list at the central information system and sending the task list to the portable information device **(Coffman: para. 59-60)**.

The motivation to combine the teachings is the same as claim 20.

34. As per claim 25, the method of claim 20 is as described. White further teaches further comprising receiving a medication identifier from an identification device including a bar code identifying a particular medication **(White: col. 8, 12-24)**.

Response to Arguments

35. Applicant's arguments with respect to claims 1-7 and 9-25 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

36. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

-Weichselbaum et al. (U.S. Patent No. 3,848,112) discloses an identification system.

-Gombrich et al. (U.S. Patent No. 4,835,372) discloses a patient care system.

-Goldfischer et al. (U.S. Patent No. 4,839,806) discloses a computerized dispensing of medication.

-Brimm et al. (U.S. Patent No. 5,072,383) discloses a medical information system with automatic updating of task list in response to entering orders.

-Martucci et al. (U.S. Patent No. 6,985,870) discloses a medication delivery system.

-Brandt et al. (U.S. Patent No. 6,714,913) discloses a system and user interface for processing task schedule information.

-Kucek et al. (U.S. Patent No. 6,832,199) discloses a method and apparatus for retrieving service task lists from remotely located medical diagnostic systems.

- MIKE SCHWARTZ (2002, October 22). Patient care ; Hospitals are adopting plans to reduce medical mistakes. *The Press - Enterprise,*p. E01. Retrieved July 15, 2008, from Business Dateline database.

37. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SHEETAL R. RANGREJ whose telephone number is (571)270-1368. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Christopher Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Sheetal R. Rangrej/
Examiner, Art Unit 3626

/Robert Morgan/
Primary Examiner, Art Unit 3626